

## Virtual libraries, virtual librarians – what is next?

**Suzanne Bakker**

Central Cancer Library  
The Netherlands Cancer Institute  
Amsterdam, The Netherlands  
Contact: s.bakker@nki.nl

### Abstract

*This article presents an argument against the misinterpretation of the consequences of the recent Welch Medical Library closure to patron access and responds to the increasingly asked question regarding the future of medical librarians and libraries. The author draws on her own experience and research into information behavior to substantiate her argument. In conclusion her answer to the article title: Virtual libraries: virtual librarians - what's next? is that practical and moral support from the library to the busy health care practitioner contributes to the latter's well-being and better performance both as a person and as a professional.*

*Key words:* medical librarians, information services/trends, information seeking behavior.

### Prologue

According to the rumours circulating, there is a lot of discussion regarding the closure of the Welch Medical Library. Not surprising, as we had the same comments in the Netherlands on the statement of the authorities supervising and accrediting postgraduate medical education, saying that:

*The general requirement that the training facility must have a library is replaced by the statement that the necessary information should be available 24 hours a day, which means including night shifts when on duty. It is up to the discretion of the facility providing the training in which format the information is provided and available (1).*

My colleagues in the Netherlands are concerned about the future of hospital libraries. In the past it was felt that thanks to the requirements as stipulated by the committee on the accreditation of postgraduate training programmes that the library was “safe”; the library was in the category of “must have” and that the library collection and services were mandatory. However, with the above statement, it is easy enough to conclude: there is no longer a need or necessity to have a library, or in other words: the hospital can do without!

With budget constraints and “everything free on the Internet”, and the verb “googling” being synonymous with “search & retrieval”, managements are inclined to believe that libraries are 19<sup>th</sup> century relics, that somehow survived into the 20<sup>th</sup> century but should not be tolerated to exist any further in modern, 21<sup>st</sup> century times. And last but not least: an easy target to bring the cost saving and reduction of expenditure and of course a bonus for “good management” (2).

And yes, we all are aware of the common belief that the only thing librarians ever had to do was to stamp the books out and dust the shelves! From both sides, by management and librarians, it is a Pavlovian reaction on presumptions and prejudicial images of librarians, crude caricatures of staff serving and mediating in information sources.

Before we join these voices and draw conclusions it is wise to focus on the facts. On the website of Welch Medical Library it says:

*Our people will still be here to serve patrons, and we consider that to be the most important element. We're excited about this new stage because we intend to provide even better resources and service.*

*Address for correspondence:* Central Cancer Library, The Netherlands Cancer Institute, Plesmanlaan 121, 1066 CX Amsterdam, The Netherlands. Tel: +31 20 512 2597. E-mail: s.bakker@nki.nl

*In moving forward our vision is really quite simple: how can we serve you best? The Welch library building will be closing to patron access.*

That is all: CLOSING TO PATRON ACCESS, the physical library, library premises are from now on “closed to patrons”. No longer open shelves, no longer chairs and tables in the reading area, no longer staff on duty at the entrance, waiting ... I cannot repeat it often and clearly enough: the PHYSICAL library is CLOSED to PATRON ACCESS. This means: the library collection is still there, the books and bound volumes of journals on hundreds of miles of shelves in closed stacks, are all still there and librarians have access, not for dusting and stamping, but to access, copy, scan and deliver the information stored in the material, retrieved by smart searching by librarians, using even fancier systems, the digital catalogues, thesauri, and indexes. Instead of patrons browsing in cards and books or scanning book titles on spines... nowadays, it is the **librarians providing** them the requested documents and information in a **timely** matter and in a **convenient** format for further usage.

So the answer to the question (theme) of this journal issue: **Virtual libraries: virtual librarians - what's next?** can be answered by: **Real services by real people!!**

Reading onwards on the Welch library website and to related sites seeking for explanations on the decision regarding the library, we arrive at the blog (3) and the referral to the Davidoff and Florence paper (4) in the interview with Stella Seal, Associate Director of the Welch Services Center, in which she states referring to the work of the informationist as: “it’s like figuring out a puzzle, it’s detective work”. With end-user access to systems like PubMed (until two decades ago it was the monopoly of the intermediary to search Medline systems, due to the intricate search languages and the high costs of connection time and the number of characters downloaded) there is less need for the intermediary role. Instead, new roles were identified for the clinical medical librarian: *instructing team members in the use of the medical literature*” and assisting “*team members to identify and retrieve relevant information through computer workstations located in the hospital*” (5). Today, almost 15 years later, computers, networks

and databases are the most common tools to everybody (like paper-pen-and-pencil when I was young), instruction on using these tools is no longer a necessity: now it must be on **how-to** use these tools and providing this service in the **most efficient** and **effective** way (6-9).

In the years of the late 90s we saw a fast growing use of online systems, not the least due to the public accessibility over the internet of Medline, from now on called PubMed (10). It is easy enough to conclude that now that the systems are there, access is free and everybody is online 24-7 including mobile devices, the end-users can do it all on their own. But research shows that there are more barriers to access the literature than systems and networks (11-16).

Twose et al. found that: *Time and competing responsibilities often constrain the retrieval and use of resources for evidence-based decision making and an informationist or power-user model may be more appropriate than training all practitioners to integrate searching into their workflow* (12).

The research on information behaviour of general practitioners by Verhoeven showed: ... *that family physicians used colleagues most often as information sources, followed by journals and books. This outcome corresponded with results in other professions* (16). Cullen noticed the heavy reliance by general practitioners on the advice of specialists, their knowledge and experience being a well appreciated source of information (15). For the nursing profession Bertulis found even stronger support for the preference of consulting colleagues instead of the literature or other information sources (14). On the other hand McKnight et al. related the preferences of nurses in their information behaviour to be related to the kind of work and work processes they are involved in. They conclude: *A major implication of this study for librarians is that immediate professional reference service, including quality and quantity filtering, may be more useful to on-duty nurses than do-it-yourself searching and traditional document delivery are* (11).

The study of McKibbin is an indication to the quality librarians bring into the search process: *Librarians had equivalent recall to, and better precision than, experienced end-users* (13). Which means that taking

into account the time constraints of clinical practitioners, there is less waste of time using the librarians' searches, due to the better precision (meaning less irrelevant references retrieved).

Is it a typical characteristic for healthcare workers to appreciate the personal encounter when seeking information and advice? I am inclined to believe it is part of human nature. On the other hand it is known that in most cases physicians seek support for their clinical decisions, to take away uncertainties instead of creating themselves a new task of critical reading. The extra workload is a barrier in addition to the time constraints. In addition to the barrier to actually read and use the information, comes the reliability and objectivity of the evaluation of the retrieved information. Not all members of the clinical team give the same rating for the usefulness and impact of the literature on clinical decision making. In a project evaluating the impact of clinical librarian's services it was found that junior doctors report less impact on patient care than senior staff in the same cases and using the same literature search results (17). This difference could be explained by senior staff taking into account the impact on similar cases in the future. Therefore, it is difficult to measure the direct and measurable impact of literature searching on individual clinical cases and outcome.

Information behaviour is as complex as any other human behaviour. Changing behaviour and changing practice is not a one-person issue but depends on group culture and personal relations. The services of the "closed" Welch medical library seem to actually focus on these other aspects of information infrastructure and support: not so much the technology, the resources or the self-service efficiency. Reading the blog, we find:

*However, a couple of the items you mentioned (loudly and clearly) are issues that we can control. Specifically, you want a better interaction with us. In order that in whatever context you utilize the Welch Library, in whatever way you might need the Welch Library - maybe you'll see that a little more human touch comes right along with it (18).*

It is all about needs, services and (human) interactions. It is like EAHIL: being virtual, the personal interactions at the meetings are the best and most effective part of the association.

Returning to the question in the title: we may conclude that the "next" will be: services, services and services... Services provided, services consumed, services agreed upon (service level agreements). In this respect it should be noticed that plain financial figures should not be taken for granted; the information services cannot be provided as a *one-fits-all* solution. Information to be effective must be tailor-made and match personal flavours and preferences. When studying the information needs of different user groups in the healthcare sector, it is amazing how much these groups differ in needs, habits, preferences and practice. The Welch library will now put the interaction with the user on top, the highest priority in their services.

For all medical librarians and all medical library services it is no longer sufficient to promote the collection, the products and services. In planning the library for the future we must start with the question: "**What** do patrons, students, patients, society and management expect from the library; **why are there** these expectations and in **what** context and **how will we (medical librarians) live up to that.**" When answering these questions in further detail, we will arrive at new job descriptions, new library education and training programmes. In addition, there will be an endless series of problems to solve for our users, thanks to fast developing and overwhelming new technology, and the many new features this brings to implement. And the ultimate goal will be to answer the question: ***What is the meaning of it all?***

In fact it means: a better world, with better knowledge and understanding, better cooperation and [not least] better health and better care for all. I am convinced that practical *and* moral support from the library to the busy health care practitioner contributes to the latter's well-being and better performance both as a person *and* as a professional. We are lucky to be medical librarians; we like our users and they like us (19).

## References

1. Besluit van 11 mei 2009 houdende de algemene eisen voor de opleiding, registratie en herregistratie van de medisch specialist en voor de erkenning als opleider, plaatsvervangend opleider en opleidingsinrichting (Kaderbesluit CCMS), (2009).
2. Lotje: ["Interim manager got EUR 65.000 a month; outsourcing the library isn't a bad idea" / Information professionals in healthcare.]  
[http://www.nvb-online.nl/fileadmin/bestanden/BMI\\_afbeeldingen/Algemeen/2011/Lotje\\_3\\_A3.pdf](http://www.nvb-online.nl/fileadmin/bestanden/BMI_afbeeldingen/Algemeen/2011/Lotje_3_A3.pdf)
3. <http://blogs.welch.jhmi.edu/post/Stella-Seal-Reflects-on-Welch-Past-Present.aspx>
4. Davidoff F, Florance V. The informationist: a new health profession? *Ann Intern Med.* 2000;132:996-8. PMID: 10858185
5. Turman LU, Koste JL, Horne AS, Hoffman CE. A new role for the clinical librarian as educator. *Med Ref Serv Q.* 1997;16:15-23. PMID: 10168342
6. Brookman A, Lovell A, Henwood F, Lehmann J. What do clinicians want from us? An evaluation of Brighton and Sussex University Hospitals NHS Trust clinical librarian service and its implications for developing future working patterns. *Health Info Libr J.* 2006;23 Suppl 1:10-21. PMID: 17206992
7. Gunning JE, Fierberg J, Goodchild E, Marshall JR. Use of an information retrieval service in an obstetrics/gynecology residency program. *J Med Educ.* 1980;55:120-3. PMID: 6986469
8. Palmer J. Yet more evidence ... promoting effectiveness. *Health Libr Rev.* 1996;13:172-4. DOI: 10.1046/j.1365-2532.1989.1330172.x
9. Palmer J, Hepworth JB. Yet more evidence ... effective health library and information services -- the role of research. *Health Libr Rev.* 1995;12:314-8. DOI: 10.1046/j.1365-2532.1995.1240314.x
10. Pritchard SJ, Weightman AL. MEDLINE in the UK: pioneering the past, present and future. *Health Info Libr J.* 2005;22 Suppl 1:38-44. PMID: 16109026
11. McKnight M. The information seeking of on-duty critical care nurses: evidence from participant observation and in-context interviews. *J Med Libr Assoc.* 2006;94:145-51. PMID: 16636706
12. Twose C, Swartz P, Bunker E, Roderer NK, Oliver KB. Public health practitioners' information access and use patterns in the Maryland (USA) public health departments of Anne Arundel and Wicomico Counties. *Health Info Libr J.* 2008;25:13-22. PMID: 18251908
13. McKibbon KA, Haynes RB, Dilks CJ, Ramsden MF, Ryan NC, Baker L, et al. How good are clinical MEDLINE searches? A comparative study of clinical end-user and librarian searches. *Comput Biomed Res.* 1990;23:583-93.
14. Bertulis R. Barriers to accessing evidence-based information. *Nurs Stand.* 2008;22:35-9. PMID: 18543722
15. Cullen R. The medical specialist: information gateway or gatekeeper for the family practitioner. *Bull Med Libr Assoc.* 1997;85:348-55. PMID: 9431423
16. Verhoeven AAH, Boerma EJ, Meyboom-de Jong B. Use of information sources by family physicians: a literature survey. *Bull Med Libr Assoc.* 1995;83:85-90. PMID: 7703946
17. Büller HR, Dyserinck HC, Vreeken J, Bakker S. [Manual or tour operator: who guides the clinician in literature searches?] Handleiding of touroperator: wie gidst de clinicus bij het literatuuronderzoek? *Ned Tijdschr Geneeskd.* 1992;136:797-800. PMID: 1574152
18. <http://blogs.welch.jhmi.edu/post/Results-of-Library-Quality-Survey-A-Message-For-Patrons.aspx>
19. Bakker S. Tell me why you stay in medical librarianship? *Biomedities.* 2000(50):14-21. [http://www.nvb-online.nl/fileadmin/bestanden/BMI\\_tekstdocumenten/BIOMEDITATIES/B50.pdf](http://www.nvb-online.nl/fileadmin/bestanden/BMI_tekstdocumenten/BIOMEDITATIES/B50.pdf)